



WELCOME TO BOWMAN PRIMARY PRESCHOOL



Student Name: _____

OFFICE USE ONLY: AM PM

Registration Checklist – All of the following Documents and Forms are Required

- Student Registration Form
- Child’s Original Birth Certificate or Passport
 County or State Issued Only – No hospital issued birth records
 *Bureau of Vital Statistics (513) 352-3120 or Warren County Health Department (513) 695-1228
- Legal Documents of Custody/Guardianship – *If Applicable*
- Residency Affidavit I or II – ***This form is to be completed at the registration office***
- Parent’s Driver’s License or State ID
- Proof of Residency – *Below are the only forms we will accept.*
 Lease Contract, Mortgage Statement, Deed, Tax Bill, City of Lebanon and/or Duke Energy Bill
 The proof must be in the person’s name who is registering the student. If the parent/guardian is not on the residency then the person who is must be able to sign Side II of the Affidavit.
- Emergency Medical Authorization
- Student Health History
- Current Immunization Records
- ODE Language Survey
- Physician Report
- Parent Input (*Optional*)
- Language Screening
- Preschool Application

If you have any questions about the forms or registration requirements, please feel free to contact our registrar at the Central Office at (513) 934-5762.

\$70.00 Non-Refundable Registration Fee (Preschool Typical Only)

Cash Check Number _____

Office Use Only

Bowman Preschool Enrollment Application



Student Information

Name: _____
First Middle Last

Called Name: _____ Mothers Maiden Name: _____

City of Birth: _____ Native Language: _____

Date of Birth: ____/____/____ Male Female Grade: _____

Street Address: _____ P.O. Box _____ Apt # _____

City _____ State _____ Zip _____ County _____

REQUIRED INFORMATION: Parent/Guardian Primary Contact # _____

Previous School District: _____
Name of School District

<i>Street</i>	<i>City/State</i>	<i>Zip</i>	<i>Telephone</i>
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Has your child ever been enrolled in Lebanon City Schools? ____ Yes ____ No If yes, last grade attended? _____

Are you a Lebanon School Employee? ____ Yes ____ No If yes, which building? BPS DES BIS LJHS LHS OTHER

CITIZEN STATUS OF STUDENT	ETHNICITY
<p style="text-align: center;"><i>(check all that apply)</i></p> <p><input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Foreign Exchange Student</p> <p><input type="checkbox"/> Non-U.S. Citizen/Immigrant*</p> <p><input type="checkbox"/> Refugee (i-94) Card ____ Yes ____ No</p> <p>*Immigrant Students are those who:</p> <ul style="list-style-type: none"> Are between the age of 3 – 21 Student was born outside the U.S. Student has not attended one or more schools in any one or more of the states for more than three academic years. <p>If born outside of U.S., give date of entry _____</p> <p>Date First Enrolled in U.S. School _____</p>	<p style="text-align: center;"><i>(check all that apply)</i></p> <p><input type="checkbox"/> W – White, Non-Hispanic</p> <p><input type="checkbox"/> B – Black/African American</p> <p><input type="checkbox"/> A – Asian</p> <p><input type="checkbox"/> I – American Indian/Alaska Native</p> <p><input type="checkbox"/> P – Native Hawaiian/Other Pacific Islander</p> <p>Is the student of Hispanic/Latino heritage? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>(Please Note: If ethnicity is not specified by one or more of the options below, the student will be identified by observation and communicated to parent/guardian prior to designation.)</i></p>

STATEMENT OF CUSTODY

Student Lives With: (✓one)

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Mother & Father – Married | <input type="checkbox"/> Mother & Father – Unmarried | <input type="checkbox"/> Mother Only | <input type="checkbox"/> Father Only |
| <input type="checkbox"/> Mother & Stepfather | <input type="checkbox"/> Father & Stepmother | <input type="checkbox"/> Ward of Court | <input type="checkbox"/> Legal Guardian |

Marital Status & Proof of Custody: (✓one)

- Married. Mother & Father Together – None Needed
- Divorced. Who has legal custody? Mother Father Shared
- If shared, who is residential? Mother Father

****MUST PROVIDE COPY OF COURT ORDER****

- Never Married.
- Father MUST provide court order showing proof of custody to enroll child.**
- Separated, not divorced.
- Father HAS same right as mother until court determines custody.**

Siblings in Lebanon City School District	
Name	Grade

~RESIDENTIAL PARENT INFORMATION – WITH WHOM THE STUDENT LIVES~

<input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Grandmother <input type="checkbox"/> Guardian <input type="checkbox"/> Foster	<input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Grandfather <input type="checkbox"/> Guardian <input type="checkbox"/> Foster
Name:	Name:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Email:	Email:
Address:	Address:

~ADDITIONAL PARENT/GUARDIAN INFORMATION~

<input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Grandmother <input type="checkbox"/> Guardian <input type="checkbox"/> Foster	<input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Grandfather <input type="checkbox"/> Guardian <input type="checkbox"/> Foster
Name:	Name:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Email:	Email:
Address:	Address:

PLEASE NOTE: At times the District will communicate important information via an automated ALL CALL or TEXT. List two numbers below at which you would like to receive an ALL CALL and/or TEXT Notification. Cancellation/delays will be announced via TEXT, on the school website and local news media. Message and data rates may apply.

ALL CALL		TEXT	
Name	Phone #	Name	Cell Phone #
	()		()
	()		()

EMERGENCY MEDICAL AUTHORIZATION

(REQUIRED PER HB 639)

PURPOSE: To enable parent/guardian to authorize emergency treatment for students who become ill or injured while under school authority. By listing additional emergency contacts, you are giving permission for that contact to pick up your student from school in the event of illness or injury should a parent/guardian be unavailable.

EMERGENCY CONTACT NUMBERS (MINIMUM 2 CONTACTS – Only provide those contacts who are different than listed above)

NAME	RELATIONSHIP	DAYTIME PHONE	PHONE #
1.		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	()
2.		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	()

Please the option that best describes the student’s Military Student Identifier status. If this status changes during the school year, please notify your child’s school office.

Military Status:

- Active Duty** – Student is a dependent of a member of the Active Duty Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard).
- National Guard** – Student is a dependent of a member of the National Guard (Army National Guard or Air National Guard).
- Reserve Duty**
- Not Applicable** (Not a Military Student)

SPECIAL SERVICES

Has your child received any of the following services? (Please all that apply)

- Gifted Education
- IEP - Individual Education Plan
- 504 Individualized Accommodation Plan
- Multifactor/Psychological Evaluation
- LEP – Limited English Proficiency Plan

PRESCHOOL REGISTRATION AUTHORIZATION

I authorize the following to be listed on the parent roster:

- My child's name Yes No
 Family name Yes No
 Phone Numbers Yes No

Annual Class Roster: Each year the program prepares a roster for each group of children. This roster will not be furnished to any persons other than parents of children enrolled in our program.

- Exempt from immunizations because of religious conviction: Yes No
 Child immunization records attached: Yes No

- Cell Home Work

MEDICATION(S):	ALLERGIES:

It is extremely important to provide ANY pertinent medical history or information about existing conditions that may affect your student at school. _____

I **GRANT** CONSENT for medical treatment of my child.

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by a licensed physician or dentist. Please transfer my child to _____ Hospital or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in necessity for such surgery, are obtained before surgery is performed.

I hereby give consent for the following medical care providers to be called:

Doctor's Name: _____ **Doctor's Phone Number** _____

Dentist's Name: _____ **Dentist's Phone Number** _____

I **DO NOT** GRANT CONSENT for medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action: _____

Parent/Guardian Signature: _____ *Date:* _____

*Falsification under Ohio Revised Code section 2921-13 is a misdemeanor of the first degree punishable by a maximum of six (6) months imprisonment or a fine of \$1,000 or both. Requested information is mandated under Senate ORC Bill 140 Education Management Information System (Sections 3301-0714).

~For LCS Office Use Only~

Parent Code Word: _____ Enrollment Date: _____

Student ID # _____ Grade: _____ AM PM



EMERGENCY MEDICAL AUTHORIZATION (REQUIRED PER HB 639)

Student Name _____ Date of Birth _____
 Teacher _____ AM __ PM __ Telephone _____
 Address _____ Grade _____

PURPOSE: To enable parent/guardian to authorize emergency treatment for students who become ill or injured while under school authority. By listing additional emergency contacts, you are giving permission for that contact to pick up your student from school in the event of illness or injury should a parent/guardian be unavailable. *I understand medical information provided on this form will be shared with school personnel who interact with my student to ensure his/her safety at school unless I note otherwise.*

EMERGENCY CONTACT NUMBERS (MINIMUM 2 CONTACTS)

	Name	Home #	Cell #	Work #	Relationship to Student
1.					
2.					
3.					
4.					

IMPORTANT MEDICAL INFORMATION

PLEASE LIST ANY pertinent medical history or information about existing conditions that may affect your student at school including allergies, medications, current medical conditions, and any physical impairments to which the school should be alerted:

PLEASE SIGN EITHER PART 1 TO GRANT CONSENT OR PART II TO REFUSE CONSENT BELOW:

PART I - TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospitals to be called:

Doctor: Phone:	Dentist: Phone:	Preferred Local Hospital: Phone:
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In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above named doctor, or in the event the designated practitioner is unavailable, by another licensed physician or dentist; and (2) the transfer of the student to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

PARENT/GUARDIAN SIGNATURE: _____ DATE _____

PART II - REFUSAL TO GRANT CONSENT

I do not give my consent for emergency medical treatment of my student. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

PARENT/GUARDIAN SIGNATURE: _____ DATE _____



Student Health History



INFORMATION PROVIDED ON THIS FORM WILL BE SHARED WITH SCHOOL PERSONNEL WHO INTERACT WITH YOUR CHILD TO ENSURE HIS/HER SAFETY AT SCHOOL UNLESS YOU NOTE OTHERWISE.

Last Name _____ First _____ Middle _____

Date of Birth ____/____/____ Circle One: Male or Female Grade _____

Health Conditions – Please check any that apply:

- Abnormal Spinal Curve (Scoliosis, etc.)
- Activity Restrictions (describe below)
- ADD / ADHD
- Allergies (list below)
- Anemia
- Arthritis
- Asthma, Inhaler Needed? _____
- Birth or Congenital Malformation
- Bleeding / Blood Disorders
- Cancer
- Chicken Pox – Date of Disease _____
- Cystic Fibrosis
- Diabetes
- Chronic Diarrhea or Constipation
- Eczema
- Emotional Concerns
- Heart Disease
- Hepatitis, Type _____
- Kidney Disease
- Lactose / Dairy Intolerant
- Measles/Mumps/Rubella
- Meningitis / Encephalitis
- Rheumatic Fever
- Seizures, Type _____
- Sickle Cell Disease
- Skin Rashes (frequent)
- Tics / Nervous Twitches
- Urinary Tract Infections
- Other (list below)

Allergies (please list and describe allergies or reactions)

Medication Allergies:
Foods / Plants / Animals / Other:
Recommended Treatment for Severe Reaction:

Medications

What medications are given daily?
List any emergency meds your child requires (i.e. inhaler, epi-pen)

Injuries and Illness (please list any severe injuries or illness)

Injury / Illness	Age of Child	Hospitalized?

Vision and Hearing

Frequent ear infections _____ Which ear _____ Does your child have a reduction in hearing _____

Explain _____

P.E. Tubes _____ In place now _____ Hearing Aides _____

Vision Problem _____ Type _____ Wears Glasses _____ Amblyopia or Lazy Eye _____

Which Eye _____ Last Exam _____ Color Blind _____ Do you suspect a vision or hearing problem _____

Parent Signature _____ Date _____

Appendix A: Language Usage Survey

Parents and Guardians: Please only complete this page of the survey. The back of this form will be completed by the school. A completed language usage survey is required for all students upon enrollment in Ohio schools. This information will tell school staff if they need to check your child’s proficiency in English. Answers to these questions ensure your child receives the education services to succeed in school. The information is not used to identify immigration status.

Student Name: <i>(First Name and Last Name)</i> _____		Student Date of Birth: <i>(mm/dd/yyyy)</i> _____	
Communication Preferences Indicate your language preferences so we can provide an interpreter or translated documents at no cost when you need them. All parents have the right to information about their child’s education in a language they understand.	1. In what language(s) would your family prefer to communicate with the school? _____		
	Language Background Information about your child’s language background helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.		
Prior Education Responses about your child’s birth country and previous education give us information about the knowledge and skills your child is bringing to school and may enable the school to receive additional funding to support your child.	2. What language did your child learn first? _____		
	3. What language does your child use the most at home? _____		
Additional Information Please share additional information to help us understand your child’s language experiences and educational background.	4. What languages are used in your home? _____		
	5. In what country was your child born? _____		
6. Has your child ever received formal education outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many years/months? _____ If yes, what was the language of instruction? _____		7. Has your child attended school in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when did your child first attend a school in the United States? _____ / _____ / _____ Month Day Year	
		Parent/Guardian First Name: _____ Parent/Guardian Last Name: _____ Parent/Guardian Signature: _____ Today’s Date: <i>(mm/dd/yyyy)</i> _____	

Thank you for providing the information above. Contact your school or district office if you have questions about this form or about services available at your child’s school. Translated information about schools’ civil rights obligations to English learner students and limited English proficient parents can be found here: <https://www2.ed.gov/about/offices/list/ocr/ellresources.html>

*****COMPLETED BY SCHOOL EMPLOYEE*****

1. **Check.** Confirm the following statements related to the administration of Ohio’s language usage survey:
 - The district or school presented the language usage survey, to the extent practicable, in a language and form that the parent or guardian understood.
 - The district or school informed the parent(s) or guardian(s) of the form’s purpose. The language usage survey only is use to understand students’ linguistic experiences and educational background.
 - The district or school reports information from the language usage survey in the appropriate Educational Management Information System (EMIS) records.
 - For students enrolling from other U.S. schools and districts, school officials request previous language survey date and refer to the information when identifying English learners.
 - Results of the language usage survey are kept with the student’s cumulative records and follow the student if he/she transfers to another district or school.

2. **Note.** Record additional information to assist the review of the language usage survey.

3. **Record.** Indicate responses from the language usage survey in the table below. Refer to the [Language Usage Survey Annotations](#) on page 2 for item-specific guidance.

Student’s Native Language See Language Usage Survey Question 2. Report for <u>all</u> students in EMIS.	_____
Student’s Home Language See Language Usage Survey Questions 3. Report <u>only</u> for English learners in EMIS.	_____
Potential English Learner See Language Usage Survey Questions 2-4.	<input type="checkbox"/> Yes. Asses the student’s English proficiency. <input type="checkbox"/> No. Do not asses the student’s English proficiency.
Immigrant Student Status See Language Usage Survey Questions 5-7. Report for <u>all</u> students in EMIS.	<input type="checkbox"/> Yes, the student is an immigrant child. <input type="checkbox"/> No, the child is not an immigrant child.

4. **Validate.** Complete the information below.

Signature of Validating School Employee

Date (mm/dd/yyyy)

Printed Name of Validating School Employee

Name of School or School District



Bowman Primary School
825 Hart Road
Lebanon, OH 45036
Phone (513) 934-5800 Fax (513) 934-2466

Dear Parent,

Ohio State Law and the Lebanon Board of Education requires that certain immunization records be completed for enrollment on all students. It is the responsibility of the parents to obtain this information. Students who do not have the required records completed may attend school for a period of 30 days pending the completion of these requirements. After 30 days, Ohio law mandates that your child be excluded from school until such record is provided. A complete record includes 4 DPT or DT, 3 Polio, 1 MMR, 3 Hepatitis B, 1 Varicella, and 3-4 HIB. **You are required to submit these records to our office.**

If your child cannot receive this vaccination due to medical reasons, religious convictions or reasons of conscience, please contact the school nurse at (513) 934-5486. Per Ohio Revised Code and school board policy, a student may be exempted from immunization if a parent or guardian objects for good cause, including religious conviction, or if there is a medical condition that prohibits immunization.

Please contact your family physician or the Warren County Health Department at (513) 695-1468 to arrange for your child to receive the required immunizations. If you have any questions concerning your child's immunizations, please contact the Bowman nurse's office at (513) 934-5486.

Ohio State Law also requires a physical examination signed by a licensed physician affirming the child suitable for enrollment in the preschool program within 30 days after the date of admission. The examination shall occur within 12 months prior to the date of admission. **Additional health screenings required are height, weight, dental, vision, hearing, lead level, and hematocrit or hemoglobin level which MUST be included on the physical examination.** You are required to submit these records to our office.

Please contact your family physician or the Warren County Health Department at (513) 695-1468 to arrange for your child to receive the required physical examination and additional health screenings. The Warren County Health Department offers a lead screen and hemoglobin level through a finger stick at a set rate. Please call (513) 695-1468 for an appointment.

It is not our desire that any student be removed from school. However, for your child's safety and the well-being of all students and in order to be in compliance with Ohio Law, it is necessary that we have your full cooperation in this matter. You may bring the immunization record and record of physical examination to the Bowman office or mail it to the address above. Please contact the school nurse at (513) 934-5486, if you have any questions.

Please have your physician and dentist complete the Preschool Physical on the back of this form and return it to the office, prior to the start of school.



Lebanon City Schools Preschool and Kindergarten Physical



Name of Student: _____ Date of Birth: ____/____/____ Address: _____

IMMUNIZATIONS

Full Date (Month/Day/Year) Required By Ohio Law

PRE-SCHOOL

(4 DPT, 3 IPV, 1 MMR, 3 HEPATITIS B, 1 VARICELLA, 3-4 HIB)

SCHOOL AGE

(5 DPT, 4 IPV, 2MMR, 3 HEPATITIS B, 2 VARICELLA)

DATE	M/D/Y	M/D/Y	M/D/Y	M/D/Y	M/D/Y
DPT					
TD					
Pollo					
Measles					
Mumps					
Rubella					
HEP B					
TB					
Varicella					
HIB					

DENTAL REPORT

The following services have been performed:

- Fluoride Treatment
- Oral Prophylaxis
- Radiographs
- Restorations

The following statements are applicable:

- All necessary services have been performed
- No restorative services are required at this time
- Further treatment is indicated
- Future appointments have been arranged

COMMENTS:

PHYSICIAN'S REPORT

CHECK ONE:

_____ Entirely within normal limits

_____ List any abnormalities, health problems and/or medications regarding this student:

VISION SCREENING

R _____ L _____

HEARING SCREENING

R _____ L _____

Please explain if this student cannot carry out a full program of school activities:

REQUIRED FOR PRESCHOOL:

- _____ Height
- _____ Weight
- _____ Hematocrit
- _____ Hemoglobin
- _____ Lead Screen

DISCLAIMER TO PARENTS/GUARDIANS: The information requested on this form will be of help to the school in determining the health status of your child and in assisting the student to receive maximum benefits from his/her educational opportunity. This health information will be shared with other school personnel, unless you indicate otherwise.

PAST MEDICAL HISTORY

	YES	NO
Activity Restriction		
ADD/ADHD		
Allergies		
Asthma		
Birth/Congenital Malformation		
Bleeding Disorder		
Bowel/Bladder Concern		
Chickenpox		
Cystic Fibrosis		
Diabetes		
Earaches		
Emotional Concerns		
Hearing Problems		
Heart Condition		
Hospitalizations		
Infectious Hepatitis		
Injuries		
Kidney Disease		
Seizures		
Skin Condition		
Surgery		
Tics/Nervous Twitches		
Toileting Concern		
Other Illnesses		

COMMENTS:

Signature of Dentist

Date

Signature of Physician

Date



Lebanon City Schools • Parent Input for Pre-K & KG Class Placement

COMPLETION OF THIS FORM AND SHARING THIS INFORMATION IS OPTIONAL

Student's Legal Name: _____ Student's Nickname (if any): _____

Parent Name(s): _____ Parent Contact #: (_____) _____ - _____

School Year: _____/_____ Pre-K Experience: N or Y: If Yes, Number of Years: _____

Current Pre-School Teacher(s): _____ Current Pre-School: _____

Allergies? N or Y: If Yes, what is he/she allergic to? _____

A) List the three characteristics you value most in your student's teacher or classroom environment:

B) Does your child have siblings? Older _____ Younger _____ Twin/Multiple _____

C) What extra activities is your child involved in? (Dance, Soccer, Sunday School, etc.)

D) If there are circumstances that require your student to be separated from another student, please indicate the name of that student here: _____

E) Please describe your child's personality traits and any additional information you would like us to consider when placing your student (do not request for your student to be placed with a specific teacher or with friends):

PLEASE RETURN THIS SHEET WITH YOUR REGISTRATION INFORMATION.

THANK YOU!

OFFICE USE ONLY – KG TEACHER: _____ AM PM



Preschool Language Screening

Dear Parent,

In June 2012 a law called the Ohio Senate Bill 316 was signed into law which includes a “Third Grade Reading Guarantee”. It says that students who enter the third grade in 2013-2014 or after must score at or above a specific level on Ohio’s third grade reading achievement assessment to be advanced to the fourth grade. We are charged with providing early intervention and building literacy skills to prepare students in passing this assessment.

As a building we provide varied interventions and intervention programs for students. Each year we consider all students for two literacy focused intervention programs. When considering a student, we may complete a language screening that provides additional information that helps us determine if a student would benefit or should be considered for specific programming.

We ask that parent/guardians complete the form below so that the district has permission to screen your child for speech and/or language concerns if deemed necessary. In the event that your child is referred for a screening you will be notified by your child’s classroom teacher.

Child’s Name: _____

Child’s Birthdate: ____/____/____

Parent/Guardian Name(s): _____

Parent/Guardian Signature: _____

Parent/Guardian Phone Number: (_____) _____ - _____

Date: ____/____/____



Lebanon City Schools Preschool Enrollment Application

Student Information

First Name _____ Middle _____ Last _____

Parent(s) Name(s) _____ Date _____

Address _____

Home Phone _____ Alternate Phone _____

Gender (*Please Circle*): Male Female Date of Birth ____/____/____

Please indicate preference by circling session: AM or PM

1. In play situations, my child most often: (*circle only one*)
 - a. Plays alone, does not show awareness of others in the activity.
 - b. Plays alongside, but not really "with" other children/
 - c. Interacts with other children (e.g. role play, make believe, turn taking, dialogue).

Comments: _____

2. My child is independent (does NOT require my full assistance) with: (*circle all that apply*)

Eating Toileting Dressing

Comments: _____

3. The majority of the time, when using communication, my child: (*circle all that apply*)
 - a. Uses mainly gestures to get attention or ask for something
 - b. Uses mostly one-word statements
 - c. Is difficult to understand
 - d. Asks questions
 - e. Uses two to three word statements
 - f. Can engage in a conversation using lengthy sentences
 - g. Uses simple sentences
 - h. Talks about own ideas without an adult starting the conversation
 - i. Initiates a greeting to others without being told

Comments: _____

4. Which of the following is your child interested in: (*circle all that apply*)

TV / Video Games

Computers

Arts / Crafts

Imaginary Play
(House / Store)

Construction Materials
(Legos / Duplos)

Classes
(Gymboree / YMCA)

Outdoor Play

Other: _____

5. Which of the following organized "school experiences" has your child participated in? (*circle all that apply*)
- | | | |
|----------------|---------------|-------------------|
| Daycare Center | Church School | Another Preschool |
| Home Daycare | Classes | Playgroup |

Please list a contact person and phone number if we have your permission to call:

Contact Person: _____ Phone _____

6. What feedback have you received about your child's development and behavior (from babysitters, daycare providers, Sunday school teachers, etc.)? _____
- _____
- _____
- _____

7. Please indicate any area for which you have a concern about your child's development or performance.

Speech	Fine Motor	Gross Motor	Social Emotional	Behavior
--------	------------	-------------	------------------	----------

Please Explain: _____

8. How did you hear about our program? _____
- _____

9. Please note any other information we should be aware of in order to work effectively with your child.
- _____
- _____
- _____
- _____

Completed forms may be delivered to 160 Miller Road, along with all other registration materials.